

Machinery Breakdown Application Form



APPLICANT INFORMATION

1. Name of applicant: -----		
2. Address: -----		
3. Type of Business: -----		
4. Address of plant: -----		
5. Name of Chief Engineer or manager: -----		
6. Requested period of insurance:	From: -----/-----/-----	To: -----/-----/-----

QUESTIONNAIRE & DESCRIPTION OF THE RISK

1. Has any of the machinery to be insured previously been covered by other insurance companies?		
<input type="checkbox"/> No	<input type="checkbox"/> If Yes, which items of the specification & by which company? ----- -----	
2. Do you wish to insure the foundations of the machinery? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, please state the relevant items of the specifications: -----		
3. Does the specification include all the machinery coverable under a Machinery policy? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If not, does the machinery to be insured represent all the machinery coverable in one plant section? <input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Do you wish the cover to include extra charges (in case of loss) for:		
▪ Express freight, overtime, night work, work on public holidays?		<input type="checkbox"/> Yes <input type="checkbox"/> No
▪ Air freight?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Limit of indemnity for Air freight:	-----	
5. Give details of any special extension of cover required: -----		

DESCRIPTION OF ITEMS

Item No.	Description of items <i>Please give full and exact description of all machines, including name of manufacturer, type, capacity, speed, load, weight, voltage, amperage, cycles, fuel, pressure, temperature, etc.</i>	Year of manufacture	Remarks <i>Give particulars of any of the machinery to be insured which has had a breakdown or failure during the last 3 years, which shows any signs of repair, or which is exposed to any special risk</i>	Replacement Value <i>Please state current cost of replacing the machine by new machinery of the same kind and capacity (including oil in case of transformers & switches) plus freight charges, customs duties, costs of erection & also value of foundations.</i>
Total				

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STATEMENT

We hereby declare that statements made by us in this Questionnaire and Proposal are, to the best of my knowledge and belief, complete and true, and we hereby agree that this Questionnaire and Proposal forms the basis and is part of any policy issued in connection with the above risk.

It is agreed that the insurers are liable in the terms of this Policy only and that the insured will not lodge any other claims of whatever nature.

The insurers undertake to deal with this information in strict confidence.

Name: -----

Date: -----/-----/-----

Signature: _____